

Submitting Institutional & Secondary Claims on the Provider Portal

Indiana Health Coverage Programs
Gainwell Technologies
IHCP Works Seminar – October 2022



Agenda

- IHCP Resources for *UB-04* Billers
- Submitting *UB-04*/Institutional and Secondary Claims
- Submitting Third-Party Liability (TPL) Secondary Claims
- Submitting Medicare or Medicare Advantage Plan Secondary Claims
- Searching for Claims and Payment History
- Submitting Third-Party Liability (TPL) Updates
- Helpful Tools
- Questions



IHCP Resources for *UB-04* Billers



Resources

INDIANA MEDICAID for Providers	Provider Enrollment	Provider References	Provider Education	Business Transactions	Clinical Services	About IHCP Programs	Contact Information
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[INDIANA MEDICAID](#) / [IHCP PROVIDERS](#) / PROVIDER REFERENCES

Find policy and other guidance in Indiana Health Coverage Programs (IHCP) provider news announcements, publications, and primary reference documents.

- [News, Bulletins, and Banner Pages](#) ←
- [Current IHCP News](#)
- [Bulletins](#)
- [Banner Pages](#)
- [IHCP Email Notifications](#) ←
- [Provider Reference Materials](#)
- [IHCP Provider Reference Modules](#) ←
- [IHCP Companion Guides](#)

[Provider Reference Modules](#)
is your #1 venue for education and information.



Examples of Commonly Accessed Modules

Hospice Services	April 1, 2021
Hospital Assessment Fee	Oct. 1, 2021
Injections, Vaccines and Other Physician-Administered Drugs	July 1, 2021
Inpatient Hospital Services	April 1, 2021
Laboratory Services	July 1, 2021
Long-Term Care	June 1, 2020
Medical Practitioner Reimbursement	April 1, 2021
Obstetrical and Gynecological Services	Oct. 1, 2020
Oncology Services	Feb. 1, 2021
Out-of-State Providers	Jan. 1, 2021
Outpatient Facility Services	April 1, 2022



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Revenue Codes and Linkages

[Code Sets](#)

Business Transactions>Billing and Reimbursement>Code Sets>Launch Provider Code Table>Accept IHCP Provider Code Tables Agreement

General Billing Codes

- [Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient DRG](#)
- [Prenatal and Preventive Pediatric Care Diagnosis Codes That Bypass Cost Avoidance](#)
- [Procedure Code Modifiers for Professional Claims](#)
- [Procedure Codes That Require Attachments](#)
- [Procedure Codes That Require NDCs](#)
- [Revenue Codes](#)
- [Revenue Codes with Special Procedure Code Linkages](#)
- [Service Codes That Require Electronic Visit Verification](#)

Service-and-Provider-Specific Codes

Inpatient Hospital Services Codes

Inpatient Hospital Services Codes

*Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See [IHCP Banner Pages and Bulletins](#) and the [IHCP Fee Schedules](#) for updates to coding, coverage, and benefit information.*

For information about using these code tables, see the [Inpatient Hospital Services](#) provider reference module.

[Table 1 – ICD-10 Deep Vein Thrombosis and Pulmonary Embolism Diagnosis Codes Excluded From Hospital-Acquired Condition \(HAC\) and Present-on-Admission \(POA\) Requirements for Pediatric or Obstetric Patients](#)

[Table 2 – Procedure Codes Payable as an Inpatient Service When Delivered in an Inpatient Setting for Stays of Less Than 24 Hours](#)

Outpatient Fee Schedule

[Outpatient Fee Schedule](#)

Outpatient Fee Schedule

The Outpatient Fee Schedule is intended for use by outpatient hospitals and ambulatory surgical centers (ASCs) that bill services using institutional claims (UB-04 claim form or electronic equivalent) under the fee-for-service or the managed care service delivery systems.

- The Outpatient Fee Schedule reflects IHCP coverage and reimbursement policy for individual procedure codes. It is updated regularly to reflect any change in policies. Schedules reflecting the most recent updates are posted for your reference.
- [Outpatient Fee Schedule – July 2022](#)
- [Outpatient Fee Schedule – June 2022](#)
- [Outpatient Fee Schedule – May 2022](#)
- [Outpatient Fee Schedule – April 2022](#)
- [Outpatient Fee Schedule – March 2022](#)
- [Outpatient Fee Schedule – February 2022](#)



Outpatient Fee Schedule

A	B	C	D	E	F	G	H	I	J	K
	Outpatient Fee Schedule for IHCP									
Tab 1	Introduction/Notes									
Tab 2	Frequently Asked Questions									
Tab 3	Fee Schedule									
Tab 4	ASC Codes & Rates									
Tab 5	List of all Revenue Codes									
Tab 6	Codes allowable with Revenue Code 260 (on same date as treatment room									
Tab 7	Codes allowable with Revenue Code 274									
Tab 9	Codes allowable with Revenue Code 636									
Tab 10	Codes linked with Revenue Code 724									
Tab 11	Codes allowable with Revenue Code 920									
Tab 12	Codes allowable with Revenue Code 929									
Tab 13	Codes allowable with Revenue Code 940									
Tab 14	MCE Only RC Links									

Billing and Remittance

- Code Sets
- IHCP Fee Schedules

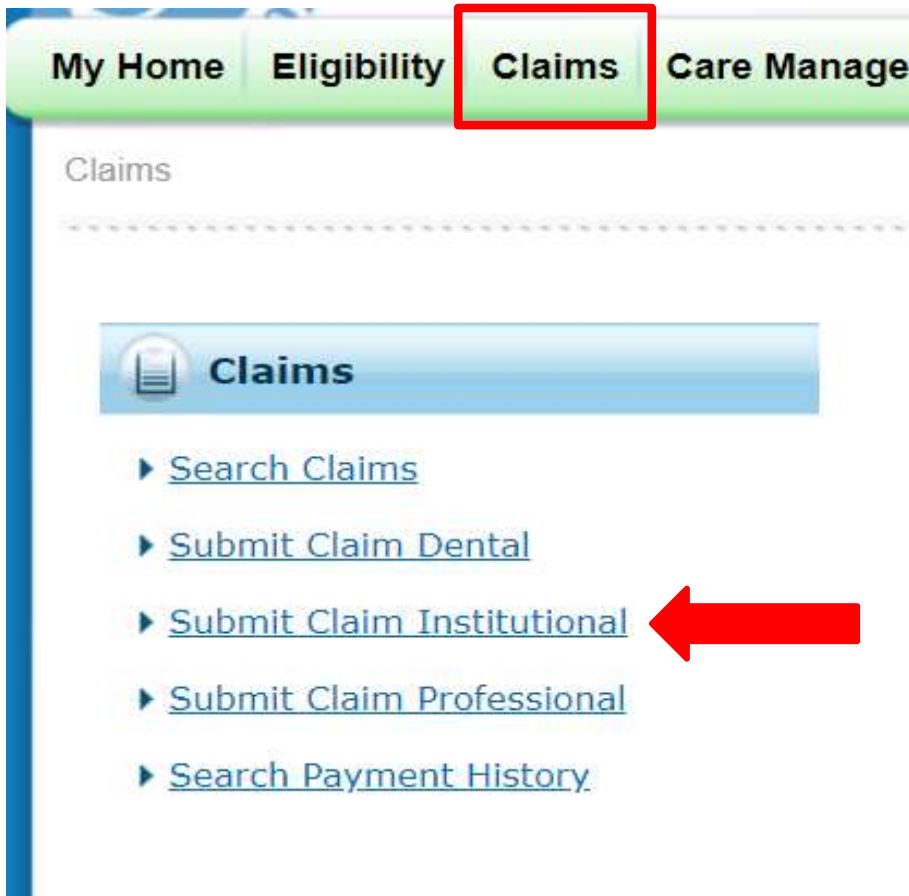
Provides information on revenue codes linkages



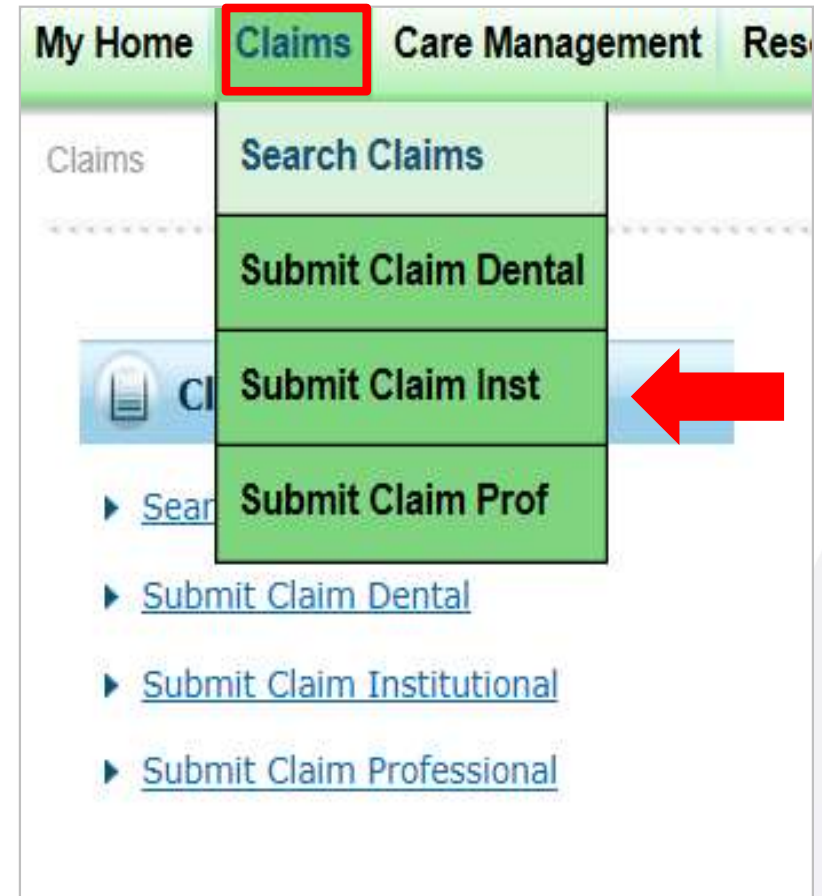
Submitting *UB-04*/Institutional and Secondary Claims



Two Ways to Access Claims Submission



OR



Institutional Claim Provider and Patient Information

Submit Institutional Claim: Step 1 ?

* Indicates a required field.

☒ Inpatient ☐ Outpatient

Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID		ID Type	NPI
*Institutional Provider ID	XXXXXXXXXX	ID Type	NPI
*Attending Provider ID		ID Type	
Attending Taxonomy			
Operating Provider ID		ID Type	
Other Operating Provider ID		ID Type	

Name

Patient Information

Enter Member ID, Date of Birth and at least one character of First and Last Name

*Member ID	XXXXXXXXXXXX	*First Name	
*Last Name			
Birth Date			

Indicate whether the claim is inpatient or outpatient. The Inpatient/Outpatient selection determines which fields are required.

Use the spyglass for accuracy.

***Red asterisks** indicate required fields.



Institutional Claim Information

Claim Information

Claim Header Instructions

*Covered Dates -

*Admission Date/Hour (hh:mm) Discharge Hour (hh:mm)

*Admission Type Admission Source

*Admitting Diagnosis Type ICD-10-CM *Admitting Diagnosis

Medical Record Number

*Patient Status

*Patient Number

*Type of Bill

Authorization Number

*Does the provider accept assignment for claim processing? ☐ Yes ☐ No ☐ Clinical Lab Services Only

*Are benefits assigned to the provider by the patient or their authorized representative? ☐ Yes ☐ No ☐ N/A

*Does the provider have a signed statement from the patient releasing their medical information? ☐ Yes ☐ No

Include Other Insurance ☒

Total Charged Amount \$0.00

Continue **Cancel**

If the primary insurance covers the service, check the box.

Admitting diagnosis is member's condition when they enter the facility.

Institutional Claim Diagnosis Codes

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code
<u>1</u>		

1

*Diagnosis Type

ICD-10-CM ▼

*Diagnosis Code

171

Present on Admission

▼

Add

Reset

I713-ABDOMINAL AORTIC ANEURYSM, RUPTURED
 I714-ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE
 I71-AORTIC ANEURYSM AND DISSECTION
 I718-AORTIC ANEURYSM OF UNSPECIFIED SITE, RUPTURED
 I719-AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT RUPTURE
 I7102-DISSECTION OF ABDOMINAL AORTA
 I710-DISSECTION OF AORTA
 I7101-DISSECTION OF THORACIC AORTA
 I7103-DISSECTION OF THORACOABDOMINAL AORTA
 I7100-DISSECTION OF UNSPECIFIED SITE OF AORTA

** 14 matches found. Select entry or refine search text. **

Enter the first three alpha characters or diagnosis characters. A suggested list populates.



Institutional Claim Enter Diagnosis Codes

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	POA	Action
<u>1</u>	ICD-10-CM	I713-ABDOMINAL AORTIC ANEURYSM, RUPTURED		Remove
<u>2</u>	ICD-10-CM	I7102-DISSECTION OF ABDOMINAL AORTA		Remove
<u>3</u>				

↓

↑

3

*Diagnosis Type

ICD-10-CM ▼

Present on Admission

▼

*Diagnosis Code

Add

Reset

- Click **Add** after each entry.
- If diagnosis requires a present on admission (POA) indicator, include it.

16

Institutional Claim Condition, Occurrence, and Value Codes

Condition Codes

Click the **Remove** link to remove the entire row.

#	Condition Code	Action
1		

1

*Condition Code

Add

Reset

Occurrence Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Occurrence Code	From Date	To Date	Action
1				

1

*Occurrence Code

*From Date

*To Date

Add

Reset

Value Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Value Code	Amount	Action
1			

1

*Value Code

*Amount

Add

Reset

- Enter required codes, dates and amounts.
- Click **Add**.



Institutional Claim Surgical Procedure Code

Surgical Procedures

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st surgical procedure code entered is considered to be the principal (primary) Surgical Procedure Code.

#	Surgical Procedure Type	Surgical Procedure Code	Date	Action
<u>1</u>				

1

*Surgical Procedure Type

ICD-10-PCS ▼

*Surgical Procedure Code

*Date

Add

Reset

Back to Step 1

Continue

Cancel

- Enter the surgical procedure code and date, if applicable
- Click **Add**, then **Continue**.



Submitting Third-Party Liability (TPL) Secondary Claims



When **IS** the Primary EOB Required for TPL Insurance - Commercial?

Explanation of benefits (EOB) needed when:

- Third-Party Liability (TPL) has denied the service as non-covered.
- The TPL has applied the entire amount to the copay, coinsurance, or deductible, and no payment is made.

EOB not needed when:

- The primary insurance *COVERS* the service and has *PAID* on the claim.
- Actual dollars were received.



Other Insurance

TPL Header


Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
	Click to add a new other insurance.					

- If the primary insurance is listed, click on the line-item number to open the window.
- If primary insurance is not listed, click + (plus) to add a new other insurance.



Other Insurance

TPL Header

- Complete the required fields (*), and the TPL/Medicare Paid Amount field.
- Click **Add**.

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid
<input type="checkbox"/> Click to collapse.					
	*Carrier Name <input type="text" value="AETNA"/> Carrier Address <input type="text"/> City <input type="text"/>	*Carrier ID <input type="text" value="AETNA"/> State <input type="text"/> ZIP Code <input type="text"/>			
	*Policy Holder Last Name <input type="text"/> Policy Holder Address <input type="text"/> City <input type="text"/>	*First Name <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/>			
	*Policy ID <input type="text"/> *Relationship to Patient <input type="text"/>	SSN <input type="text"/> *Claim Filing Code <input type="text"/>			
	Group ID <input type="text"/> * TPL/Medicare Paid Amount <input type="text" value="\$0.00"/>	Paid Date <input type="text"/> Claim ID <input type="text"/>			
	Referral Number <input type="text"/>	Authorization Number <input type="text"/>			
<div> <input type="button" value="Add"/> <input type="button" value="Cancel"/> </div>					

11-Other Non-Federal Programs
 12-Preferred Provider Organization
 13-Point of Service (POS)
 14-Exclusive Provider Organization
 15-Indemnity Insurance
 16-Health Maintenance Organization
 17-Dental Maintenance Organization
 AM-Automobile Medical
 BL-Blue Cross/Blue Shield
 CH-Champus
 CI-Commercial Insurance Co.
 DS-Disability

Other Insurance

TPL Header

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1	AETNA			\$0.00	—	Remove

[+](#) Click to add a new other insurance.

Condition Codes

Occurrence Codes

Value Codes

Surgical Procedures

[Back to Step 1](#)

[Continue](#)

[Cancel](#)

After you save and see the information in the *Other Insurance Details* window, click **Continue**.



Other Insurance

TPL Service Detail

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Revenue Code	HCPCS/Procedure Code	Charge Amount	Units	Action
<div>Click to collapse.</div> <div> <div>*From Date </div> <div>To Date </div> <div>*Revenue Code </div> <div>HCPCS/Procedure Code </div> <div>*Modifiers </div> <div>Charge Amount </div> <div>*Units </div> <div>*Unit Type <div>Unit</div></div> <div>Line Item Control#</div> <div>Non-Covered Charge Amount</div> </div>							

NDC for Service Detail

Add

Cancel

After entering charge amount, click **TAB** to enter the units

- Click on the Service Details line, and complete the required fields.
- HCPCS and Modifiers, if applicable
- Click **Add**.
- The Service Details line will collapse.



Other Insurance

TPL Additional Details

Service Details							
Select the row number to edit the row. Click the Remove link to remove the entire row.							
#	From Date	To Date	Revenue Code	HCPCS/Procedure Code	Charge Amount	Units	Action
<u>1</u>	07/03/2022	07/03/2022	306-LABORATORY - BACTERIOLOGY & MICROBIOLOGY	87426-SARSCOV CORONAVIRUS AG IA	\$120.00	1 Unit	Remove
<u>2</u>	07/03/2022	07/03/2022	450-EMERGENCY ROOM - GENERAL CLASSIFICATION	99283-EMERGENCY DEPT VISIT	\$1,696.00	1 Unit	Remove
<input type="checkbox"/> Click to add service detail.							

Choose the number for *EACH* detail line to report the payment for each detail individually.



Other Insurance TPL COB Detail

Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
Click to collapse.				
	*Other Carrier			
	*TPL/Medicare Paid Amount		*Paid Date	
<div> <div>Add</div> <div>Cancel</div> </div>				

NDC for Service Detail

Save

Cancel

- Use the drop-down menu to choose the insurance that was added at the header level. Add the payment received for that detail line and date of the primary EOB.
- Click **Add** and **Save** to collapse the service detail line.

Other Insurance

TPL Detail

Claim adjustment details are **NOT** completed for TPL

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
---	-----------------------------	-------------	-------------------	-------	--------

☐ Click to collapse.

*Claim Adjustment Group Code

*Reason Code

*Adjustment Amount

Units

Add

Cancel

Save

Cancel

☐ Click to add a new other insurance.

Back to Step 1

Continue

Cancel

Submitting Medicare or Medicare Advantage Plan Secondary Claims



When **IS** the Medicare or Medicare Advantage Plan EOB required?

Explanation of benefits (EOB) needed when:

- The Medicare or the Medicare Advantage Plan denies the service
- If Advantage Plan EOB is required, “Medicare Advantage Plan” must be written on the EOB



EOB not needed when:

- The Medicare or Medicare Advantage Plan covers the service:
 - Actual dollars were received
 - Zero-paid claim
 - Entire
 - Partial amount was applied to deductible, coinsurance or copay

A zero-paid claim IS NOT a denied claim.



Medicare or Medicare Advantage Plan Header

The form contains the following fields and sections:

- *Carrier Name:** Medicare
- *Carrier ID:** 08101
- Carrier Address:** (empty)
- City:** (empty)
- State:** (dropdown)
- ZIP Code:** (empty)
- Country Code:** (dropdown)
- *Policy Holder Last Name:** (empty)
- Policy Holder Address:** (empty)
- City:** (empty)
- State:** (dropdown)
- ZIP Code:** (empty)
- Country Code:** (dropdown)
- *Policy ID:** (empty)
- SSN:** (empty)
- *Relationship to Patient:** (dropdown)
- Group ID:** (empty)
- *Claim Filing Code:** (dropdown)
- Policy Name:** (dropdown menu open showing options: 11-Other Non-Federal Programs, 12-Preferred Provider Organization (PPO), 13-Point of Service (POS), 14-Exclusive Provider Organization (EPO), 15-Indemnity Insurance, 16-Health Maintenance Organization (HMO) Medicare Risk, 17-Dental Maintenance Organization, AM-Automobile Medical, BL-Blue Cross/Blue Shield, CH-Champus, CI-Commercial Insurance Co., DS-Disability, FI-Federal Employees Program, HM-Health Maintenance Organization, LM-Liability Medical, MA-Medicare Part A, MB-Medicare Part B)
- TPL/Medicare Paid Amount:** \$0.00
- Claim ID:** (empty)
- Referral Number:** (empty)
- Buttons:** Add, Cancel
- Condition Codes:** Click the **Remove** link to remove the entire row.
- Table:**

#	Condition Code
	MA-Medicare Part A
	MB-Medicare Part B

- Complete all required fields (*), and the TPL/Medicare Paid Amount field.
- Click **Add**.



Medicare or Medicare Advantage Plan Header

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	Action
1	Medicare	08101		\$0.00		Remove

- After you save, the system will return to the *Other Insurance Details* panel.
- Click on the insurance line number again to add the coinsurance and deductible information in the *Claim Adjustment Details* window.

Medicare or Medicare Advantage Plan Header

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
<input type="checkbox"/> Click to collapse.					
	*Claim Adjustment Group Code	PR-Patient Responsibility			
	*Reason Code	1			
	*Adjustment Amount	15.00			
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					
<input type="button" value="Save"/> <input type="button" value="Cancel"/>					
<input type="checkbox"/> Click to add a new other insurance.					
<input type="button" value="Back to Step 1"/> <input type="button" value="Continue"/> <input type="button" value="Cancel"/>					

Reason Codes:
1 Deductible
2 Coinsurance
3 Copayment

Amount of patient responsibility on **ENTIRE** claim

Click **Add** and **Save** once all information has been entered.

Medicare or Medicare Advantage Plan Header

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
1	PR-Patient Responsibility	1-Deductible Amount	\$30.00		Remove

Click to add a new claim adjustment.

Save

Cancel

Click to add a new other insurance.

Condition Codes

Occurrence Codes

Value Codes

Surgical Procedures

Back to Step 1

Continue

Cancel

- If the member has more than one patient responsibility, click the + (plus) sign to add new claim adjustment.
- Once the *Claim Adjustment Details* panel is completed, click **Save** and then **Continue**.



Medicare or Medicare Advantage Plan Detail

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Revenue Code	HCP/PCS/Procedure Code	Charge Amount	Units	Action
<div> <div>Click to collapse.</div> <div> <div> <div>*From Date</div> <div></div> <div>To Date</div> <div></div> </div> <div> <div>*Revenue Code</div> <div></div> <div>HCP/PCS/Procedure Code</div> <div></div> </div> <div> <div>Modifiers</div> <div></div> <div></div> <div></div> </div> <div> <div>Charge Amount</div> <div></div> <div>*Units</div> <div></div> <div>*Unit Type</div> <div>Unit</div> </div> <div> <div>Line Item Control#</div> <div></div> <div>Non-Covered Charge Amount</div> <div></div> </div> </div> </div>							

NDC for Service Detail

Add


Cancel

After entering charge amount, click **TAB** to enter the units.

- Click on the Service Details line and complete the required fields.
- HCPCS and Modifiers, if applicable
- Click **Add**.
- The Service Details line will collapse.



Medicare or Medicare Advantage Plan Detail

Service Details							
Select the row number to edit the row. Click the Remove link to remove the entire row.							
#	From Date	To Date	Revenue Code	HCPCS/Procedure Code	Charge Amount	Units	Action
<u>1</u>	07/03/2022	07/03/2022	306-LABORATORY - BACTERIOLOGY & MICROBIOLOGY	87426-SARSCOV CORONAVIRUS AG IA	\$120.00	1 Unit	Remove
<u>2</u>	07/03/2022	07/03/2022	450-EMERGENCY ROOM - GENERAL CLASSIFICATION	99283-EMERGENCY DEPT VISIT	\$1,696.00	1 Unit	Remove
	Click to add service detail.						

Click **1** for the service detail to open the *Other Insurance Details* panel.

Medicare or Medicare Advantage Plan COB Detail

Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	TPL/Medicare Paid Amount	Paid Date	Action
Click to collapse.				
	*Other Carrier			
	*TPL/Medicare Paid Amount		*Paid Date	
<div> <div>Add</div> <div>Cancel</div> </div>				

NDC for Service Detail

Save

Cancel

- Use the drop-down menu to choose the insurance that was added at the header level. Add the payment received for that detail line and date of the primary EOB.
- Click **Add** and **Save** to collapse the service detail line.

Medicare or Medicare Advantage Plan Detail

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Units	Action
<input type="checkbox"/> Click to collapse.					
	*Claim Adjustment Group Code	PR-Patient Responsibility			
	*Reason Code	1			
	*Adjustment Amount	15.00			
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					
<input type="button" value="Save"/> <input type="button" value="Cancel"/>					
<input type="checkbox"/> Click to add a new other insurance.					
<input type="button" value="Back to Step 1"/> <input type="button" value="Continue"/> <input type="button" value="Cancel"/>					

Reason Codes:
1 Deductible
2 Coinsurance
3 Copayment

Amount of patient responsibility on just this one detail

Click **Add** and **Save** once all information has been entered.

Claim Note and Attachments

Claim Note Information

Click the **Remove** link to remove the entire row.

#	Note Reference Code	Note Text	Action
<input type="checkbox"/> Click to collapse.			
	<div> <div>Note Reference Code</div> <div>Note Text</div> <div> <div>Add</div> <div>Cancel</div> </div> </div>	<div> Allergies Goals, Rehabilitation Potential, or Discharge Plans Diagnosis Description Durable Medical Equipment (DME) and Supplies Medications Nutritional Requirements Orders for Disciplines and Treatments Functional Limitations, Reason Homebound, or Both Reasons Patient Leaves Home Times and Reasons Patient Not at Home Unusual Home, Social Environment, or Both Safety Measures Supplementary Plan of Treatment Updated Information </div>	<div> 03-Report Justifying Treatment Beyond Utilization Guidelines 04-Drugs Administered 05-Treatment Diagnosis 06-Initial Assessment 07-Functional Goals 08-Plan of Treatment 09-Progress Report 10-Continued Treatment 11-Chemical Analysis 13-Certified Test Report 15-Justification for Admission 21-Recovery Plan A3-Allergies/Sensitivities Document A4-Autopsy Report AM-Ambulance Certification AS-Admission Summary B2-Prescription B3-Physician Order B4-Referral Form BR-Benchmark Testing Results BS-Baseline BT-Blanket Test Results CB-Chiropractic Justification CK-Consent Form(s) CT-Certification D2-Drug Profile Document DA-Dental Models DB-Durable Medical Equipment Prescription DG-Diagnostic Report </div>

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Action
<input type="checkbox"/> Click to collapse.			
	<div> <div>*Transmission Method</div> <div>FT-File Transfer</div> <div> <div>*Upload File</div> <div>*Attachment Type</div> </div> </div>		

Search for the file from the documents saved on the computer.
Attachment size limit is 5 MB total
Document types allowed: PDF, BMP, GIF, JPG/JPEG, PNG and TIFF/TIF



Click Submit

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Revenue Code	HCPCS/Procedure Code	Charge Amount	Units	Action
---	-----------	---------	--------------	----------------------	---------------	-------	--------

☐ Click to collapse.

*From Date

To Date

*Revenue Code

HCPCS/Procedure Code

Modifiers

Charge Amount

\$0.00

*Units

*Unit Type

Unit

Line Item Control#

Non-Covered Charge Amount

\$0.00

NDC for Service Detail

Add

Cancel

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
---	---------------------	------	-----------	-----------------	--------

☐ Click to add attachment.

Claim Note Information

Click the **Remove** link to remove the entire row.

#	Note Reference Code	Note Text	Action
---	---------------------	-----------	--------

☐ Click to collapse.

Note Reference Code

Note Text

Add

Cancel

Back to Step 1

Back to Step 2

Submit

Cancel

Confirm

Other Insurance Details						
#	Carrier Name	Carrier ID	Group ID	TPL/Medicare Paid Amount	Paid Date	
<u>1</u>	Medicare	08101		\$6,500.00	—	

Service Details						
#	From Date	To Date	Revenue Code	HCPCS/Procedure Code	Charge Amount	Units
<u>1</u>	07/22/2022	07/22/2022	111-ROOM & BOARD - PRIVATE (ONE BED) - MEDICAL/SURGICAL/GYN		\$25,000.00	3 Unit

No External Cause of Injury exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

No Claim Notes exist for this claim

[Back to Step 1](#) [Back to Step 2](#) [Back to Step 3](#) [Print Preview](#) [Confirm](#) [Cancel](#)

- Review claim
- Click **Confirm**



Claim Status and Claim ID

The screenshot displays the 'INDIANA MEDICAID for Providers' web portal. At the top, there is a navigation bar with links: 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Resources', and 'Switch Provider'. The 'Claims' link is highlighted. Below the navigation bar, the page title is 'Submit Institutional Claim: Confirmation'. The main content area shows a confirmation message: 'Your Institutional Claim was successfully submitted. The claim status is FinalizedPayment.' A red arrow points to this status. Below the message, it says 'The Claim ID is' followed by a blank space. At the bottom, there are four buttons: 'Print Preview', 'Copy', 'Edit', and 'New'. The 'Print Preview' button is highlighted.

Attachment and/or Claim Note may cause the claim status to be pending/in process.



Searching for Claims and Payment History

Search Claims



OR



There are two ways to begin a claims search.

Search Claims by Member ID and Date of Service, or Claim ID or Date Range

INDIANA MEDICAID for Providers

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | Care Management | Resources

Claims > Search Claims Thursday 07/28/2022 12:32 PM

Search Claims

Medical/Dental/Institutional

Either the Paid Date or Service From and To date are required fields when the Claim ID is not entered.

Claim Information

Claim ID

Member Information

Member ID Birth Date

Last Name First Name

Service Information

Claim Type

Service From To

Paid Date

Claim Status

When searching by date range, service from and to dates cannot be more than 60 days.



Search Payment History

My Home Eligibility Claims Care Management Resources

Claims

 Claims

- ▶ [Search Claims](#)
- ▶ [Submit Claim Dental](#)
- ▶ [Submit Claim Institutional](#)
- ▶ [Submit Claim Professional](#)
- ▶ [Search Payment History](#) ←

* Indicates a required field.

Enter a From and To Issue Date that does not span more than 90 days. To further refine the search, select a Payment Method and/or enter a Payment ID.

Payment Method

Payment ID

Issue Date *From

*To

→

The From and To Issue Date cannot span more than 90 days.

Search Payment History

Search Payment History ?

Provider Information

Provider ID	ID Type	NPI	Name
-------------	---------	-----	------

* Indicates a required field.

Enter a From and To Issue Date that does not span more than 90 days. To further refine the search, select a Payment Method and/or enter a Payment ID.

Payment Method Payment ID

Issue Date

*From

*To

Search

Reset

Search Results

To see payment details, click on the Payment ID link.
To access a copy of the Remittance Advice, select the RA icon. Access to the RA will require Adobe Acrobat Reader.

Total Records: 14

<u>Issue Date</u> ▼	<u>Payment Method</u>	<u>Payment ID</u>	<u>Total Paid Amount</u>	<u>RA Copy (PDF)</u>
---------------------	-----------------------	-------------------	--------------------------	----------------------

Search Results

To see payment details, click on the Payment ID link.
To access a copy of the Remittance Advice, select the R

<u>Issue Date</u> ▼	<u>Payment Method</u>
07/28/2022	EFT
07/27/2022	EFT
07/20/2022	EFT
07/13/2022	EFT
07/06/2022	EFT



Submitting Third-Party Liability Updates via the Portal



Other Insurance TPL Updates

User Details

Welcome

[My Profile](#)

[Switch Provider](#)

Provider

Name

Provider ID

[Provider Maintenance](#)

Provider Services

[Member Focused Viewing](#)

WELCOME HEALTH CARE PROFESSIONAL!



We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

[Contact Us](#)

[Notify Me](#)

[Secure Correspondence](#)

Delegates must have the function granted to them by their site administrator.



Other Insurance (TPL) Updates

Create New Message



INDIANA MEDICAID *for Providers*

[Contact Us](#) | [FAQs](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [Resources](#)

[My Home](#) > Secure Correspondence

Thursday 07/28/2022 12:51 PM

Secure Correspondence - Message Box[Back to My Home](#) ?

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

[Create New Message](#)

Total Records: 1

<u>Status</u>	<u>Subject</u>	<u>Message Category</u>	<u>Date Opened</u> ▼	<u>Date Closed</u>
Open	Error Message	Other	11/12/2019	



Responses to previous inquiries are listed.

Other Insurance (TPL) Updates

Create Message

Secure Correspondence - Create Message

[Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to return to Secure Correspondence Message - Box

* Indicates a required field.

*Subject	<input type="text"/>
*Message Category	TPL Update ▼
*Email Address ⓘ	Banking/Financial/RA Inquiry
*Confirm Email Address ⓘ	Claim Administrative Review Request
Member ID	Claim Appeal
Claim Number	Claim Inquiry
Date of Service ⓘ	Coverage Inquiry
Medicaid Paid Amount	Enrollment Inquiry
Paid Date ⓘ	Portal Assistance
Provider/Facility	TPL Update
*Message	Other

Member no longer as ABC Insurance as of 06.30.18. Claim denied for no coverage. Please see insurance verification attachment for update.

Other Insurance (TPL) Updates Attachments

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
---	---------------------	------	-----------	-----------------	--------

☐ Click to collapse.

*Transmission Method

*Upload File No file chosen

*Attachment Type

- 01-Primary payer EOBs, including Medicare
- 02-Invoices or MSRP
- 03-Medical records
- 04-Consent forms
- 05-Remittance Advice (RA)
- 06-Screen prints
- 07-Admin Review Request Form
- 08-Claim/Correspondence
- 09-Other

- Add any required attachments to support the request.
- Click **Send**.



Helpful tools

Provider Assistance

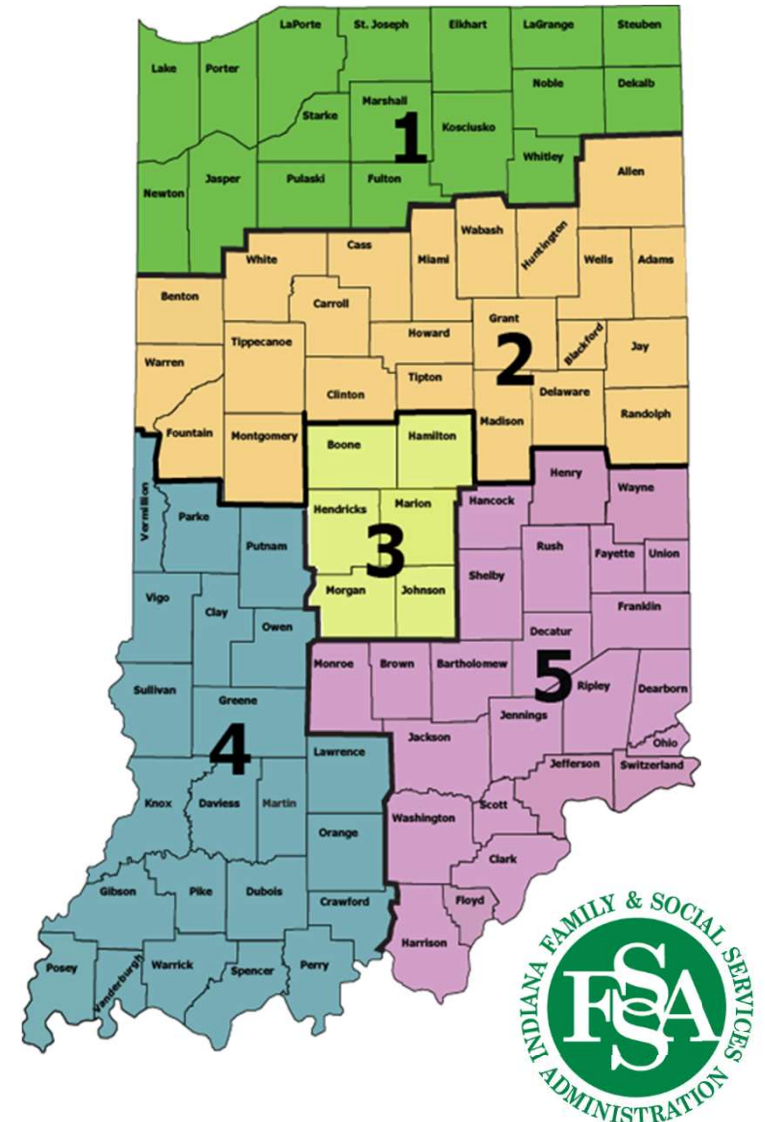
Your provider relations consultant can:

- Assist you with claim denial issues
- Provide free IHCP Portal training
- Assist you with the enrollment or revalidation process
- Assist you in understanding member eligibility
- Conduct 1:1 virtual or in-person onsite training and provider workshops
- Help you in navigating the IHCP Provider website/modules



Who is your Provider Consultant?

Region	Consultant	Telephone	Counties Served
1	Jean Downs (F) Katie Grause (I) inxixregion1@gainwelltechnologies.com	317.488.5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley
2	Shari Galbreath (F) inxixregion2@gainwelltechnologies.com	317.488.5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White
3	Crystal Woodson (F) Jeannette Curtis (I) inxixregion3@gainwelltechnologies.com	317.488.5321	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	Jenny Roberts (F) Emily Redman (I) inxixregion4@gainwelltechnologies.com	317.488.5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick
5	Tami Foster (F) Jen Collins (I) inxixregion5@gainwelltechnologies.com	317.488.5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Wayne



Helpful Tools

IHCP website at in.gov/medicaid/:

- *IHCP Provider Reference Modules*
- Contact Us – Provider Relations Field Consultants

Customer Assistance available:

- Monday – Friday, 8 a.m. – 6 p.m. Eastern Time
- 800-457-4584

Secure Correspondence:

- Via the Provider Healthcare Portal
(After logging in to the Portal, click the **Secure Correspondence** link to submit a request)



Questions